

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

AUG 22 2005

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OLMS DROP

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>10801</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>JOHN</u> <u>M</u> <u>MEDING</u> P.O. Box, Bldg, Room No., if any _____ Street <u>7767 QUIVAS ST.</u> City <u>DENVER</u> State <u>CO.</u> ZIP Code + 4 <u>80221-4227</u>	4 Name, file number, and address of labor organization Name <u>NPMHU, LOCAL 321</u> Labor Organization File Number <u>089207</u> P.O. Box, Building and Room Number, if any _____ Street <u>1833 W. ELK PLACE</u> City <u>DENVER</u> State <u>CO.</u> ZIP Code + 4 <u>80211</u>
5 Position in labor organization <u>STATE EXECUTIVE BOARD MEMBER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P.O. Box, Bldg, Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

John M. Meding

On

08-14-05

Date

(303) 917-6881

Telephone Number

Name of Person Filing

JOHN M. MEDING

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business
(2) an employer whose employees your labor organization represents or is actively seeking to represent, or
(3) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name FIRST HEALTH

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 3200 HIGHLAND AVE.

City DOWNERS GROVE

State ILL. ZIP Code + 4 60605

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

State ZIP Code + 4

11 a Nature of such dealing

CONVENTION MEAL/MYSELF & WIFE = \$50.00 8/23/04

CONVENTION MEAL/MYSELF & WIFE = \$50.00 8/25/04

CONVENTION MEAL/MYSELF & WIFE = \$60.00 8/27/04

11 b Approximate dollar value of such dealing

\$160.00

12 a Nature of interest held or income received

12 b Amount.

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment

14 b Amount of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?